

Application for Individual Insurance License

(Please Print or Type)

Check appropriate box for license requested.

- ☐ Resident License
- ☐ Non-Resident License
- Identify Home State: _____

Demographic Information

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number			
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name
		⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ City	⑩ State
		⑪ Zip Code	⑫ Foreign Country
⑬ Home Phone Number () -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No and this is an application for a resident license, you must supply proof of eligibility to work in the U.S.)	
⑯ Business Entity Name			
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City
		⑳ State	㉑ Zip Code
㉒ Business Phone Number (include extension) () -		㉓ Business Fax Number () -	㉔ Business E-Mail Address
㉕ Business Web Site Address			
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City
		㉙ State	㉚ Zip Code
		㉛ Foreign Country	
㉜ a. List any other assumed, fictitious, alias, maiden or trade names, which you have used in the past.			
b. List any trade names under which you are currently doing business or intend to do business.			
(May be subject to state approval)			

Agency or Business Entity Affiliations

㉝ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)			
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	

Employment History

㉞ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
	From Month	Year	To Month	Year	Position Held
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

For Bureau of Insurance Use Only

Name: _____

SSN: _____

VIRGINIA RESIDENT APPLICANTS MUST ATTACH TO THIS APPLICATION A CRIMINAL HISTORY RECORD REPORT, WHICH MAY BE OBTAINED BY CONTACTING THE VIRGINIA STATE POLICE AND REQUESTING THE INFORMATION. IF YOU FAIL TO PROVIDE A CURRENT (NO MORE THAN 90 DAYS OLD) CRIMINAL HISTORY RECORD REPORT, THE BUREAU WILL REFUSE TO ISSUE A LICENSE TO YOU. (§§ 38.2-1820 AND 38.2-1831 OF THE CODE OF VIRGINIA.) IF YOU HAVE RESIDED IN VIRGINIA FOR LESS THAN SIX MONTHS AND YOU WERE NOT LICENSED IN YOUR PREVIOUS STATE OF RESIDENCE WITHIN THE LAST 90 DAYS, YOU MUST SUBMIT A CURRENT CRIMINAL HISTORY RECORD REPORT FROM YOUR PREVIOUS STATE OF RESIDENCE.

Licensing fees are nonrefundable and nontransferable. No personal checks will be accepted unless certified, and no cash will be accepted.

Producer Major Lines of Authority – Place an X by the license for which you are applying.

Line of Authority	Exam	License Fee (nonrefundable)	Expiration Date
Life and Annuities (fixed)	Yes	\$15	Perpetual*
Health	Yes	\$15	Perpetual*
Variable Contracts**	No	\$15	Perpetual*
Property and Casualty	Yes	\$15	Perpetual*
Personal Lines	Yes	\$15	Perpetual*
Title	Yes	\$15	Perpetual*

*CE is required to maintain license. **Residents Only must hold Life and Annuities authority. Residents and nonresidents must have passed FINRA's (formerly NASD) Series 6 or 7 exam.

Producer Limited Lines of Authority

Line of Authority	Exam	License Fee (nonrefundable)	Expiration Date
Temporary Life and Health (Sale of Agency)	No	\$15	180 calendar days
Temporary Life and Health (Collect Debits)	No	\$15	180 calendar days
Temporary Property and Casualty (Sale of Agency)	No	\$15	180 calendar days
Credit, which includes: Credit L&H Credit Property/Involuntary Unemployment Mortgage Accident & Sickness/Mortgage Redemption Mortgage Guaranty	No	\$15	Perpetual
Motor Vehicle Rental Contract	No	\$15	Perpetual
Limited Life and Health, which includes: Dental Benefit Contracts Mutual Assessment L&H Dental Services Optometric Services Limited Burial Travel Accident	No	\$15	Perpetual
Limited Property and Casualty, which includes: Automobile Club Ocean Marine Home Protection Pet Accident, Sickness & Hospitalization Legal Services Travel Baggage Mutual Assessment P&C	No	\$15	Perpetual

Non-Standard Lines of Authority

Line of Authority	Exam	License Fee (nonrefundable)	Expiration Date
Life and Health Consultant	Yes*	\$50	June 30 annually**
Property and Casualty Consultant	Yes*	\$50	June 30 annually**
Viatical Settlement Broker	No	\$50	June 30 annually**
Surplus Lines Broker***	No	\$50	June 30 annually**

*Life & Health and/or Property & Casualty examinations are required for resident applicants who do not hold Life and Health Licenses and/or a Property and Casualty License. CE is required to maintain license.

**Regardless of the date of issue, the license must be renewed prior to June 30 of each calendar year.

***Surplus Lines Broker Applicants only

1. Resident applicants must be actively licensed as a Property and Casualty insurance agent before applying for a Surplus Lines Brokers license.
2. Resident applicants must file with the Commission a surety bond (SLB-2) in the amount of \$25,000, and thereafter shall keep the bond in force for as long as the license remains in effect.

Mail to: Bureau of Insurance
PO Box 1157
Richmond, VA 23218

Overnight Address: Bureau of Insurance
1300 East Main Street
Richmond, VA 23219

Name: _____

SSN: _____

Background Information

- (36) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? Yes ____ No ____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ____ No ____

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes ____ No ____
- c) are you the subject of a child support related subpoena/warrant? Yes ____ No ____

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Name: _____

SSN _____

Applicant's Certification and Attestation

37 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

38 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).